

PROXIMAL HUMERUS FRACTURE ORIF

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic shoulder.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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	WEEKS 0-6: PROM ONLY	WEEKS 6-12	MONTHS 3-12
Forward flexion	Max 90°	AAROM → AROM <i>No restriction</i>	Full <i>End-range stretch</i>
External rotation at side	Max 20°	AAROM → AROM <i>No restriction</i>	Full <i>End-range stretch</i>
Abduction	Max 60° <i>Without rotation</i>	AAROM → AROM <i>No restriction</i>	Full
Active motion	None	When PROM/AAROM full	Full

SUMMARY

Sling	6 weeks, except for therapy and bathing. Non weight bearing.
Motion	PROM only for 6 weeks (max 90° FF, 20° ER at side, 60° abduction without rotation); no active shoulder motion. AAROM → AROM without restriction from 6 weeks.
Strengthening	Grip from week 0. Light resisted ER/IR/FF/ABD (isometrics and bands, concentric only) from 6 weeks. Isometrics → bands → weights from 3 months; eccentrics, plyometrics, and closed chain at 12 weeks.
Return to sport	Around 4 to 6 months.

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

WEEKS 0–6

- Sling for 6 weeks, except for therapy and bathing. Non weight bearing.
- **Passive ROM only: max 90° FF / 20° ER at side; abduction max 60° without rotation.**
- **No active shoulder motion for 6 weeks.**
- Focus on normal scapulohumeral kinematics.
- Immediate pendulum exercises 3 times per day; neck, elbow, wrist, and hand ROM as tolerated 5 times per day; grip strengthening OK.
- Heat before PT, ice after PT. Advise patient on home exercise program.

WEEKS 6–12

- Continue all activities from weeks 0 to 6.
- Begin AAROM → AROM without any ROM restrictions; progress to AROM when PROM and AAROM are full.
- Goals: increase ROM as tolerated with gentle passive stretching at end ranges.
- Begin light resisted ER/IR/FF/ABD: isometrics and bands, concentric motions only.

MONTHS 3–12

- Continue all exercises above. Isometrics → light bands → weights.
- Advance strengthening as tolerated; 10 reps/1 set per exercise for rotator cuff, deltoid, and scapular stabilizers.
- Increase ROM to full with passive stretching at end ranges.
- Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks. Continue periscapular strengthening.
- **Return to sport:** around 4 to 6 months.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
Sling (except therapy and bathing); NWB														
PROM only: 90° FF, 20° ER, 60° abduction														
Pendulums 3x/day														
Neck, elbow, wrist, hand ROM 5x/day; grip														
Advanced Exercises														
AAROM → AROM, no restriction														
Light resisted isometrics and bands (concentric only)														
Isometrics → bands → weights														
Eccentrics, plyometrics, closed chain														
Periscapular strengthening														
High-Level Activities														
Return to sport around 4 to 6 months														

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.